PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

VIA EXPRESS MAIL NO. ER 392 845 596 US

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or <u>Fax</u> (703)

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications

indicated unless corrected maintenance fee notificati	below or directed otherwise ons.	in Block 1, by (a)) specifying a new	correspondence address	s; and/or (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
20583				have its own certificate of mailing or transmission.			
JONES DAY 222 EAST 41ST ST NEW YORK, NY 10017 02/28/2005 BABRAHA2 00000137 503013 10801336				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
		330 3	Town Ly			(Depositor's name)	
01 FC:2501 700.00 DA 02 FC:1504 300.00 DA 03 FC:8001 9.00 DA			CE CO			(Signature)	
			ARK			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INV		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/801,336	03/15/2004	5/2004 Alexa		S	706700-999188	1932	
TITLE OF INVENTION:	RESONANT CONTROLLED	QUBIT SYSTEM					
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE F	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional YES		\$700		\$300	\$1000	03/16/2005	
EXAMINER		ART UNIT CLAS		LASS-SUBCLASS]		
LOKE, STEVEN HO YIN		2811 257-014000		257-014000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	ID RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print	or type)		***************************************	
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identified be in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear on I a substitute for fili	the patent. If an assigng an assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIG) RESIDENCE: (CI	RESIDENCE: (CITY and STATE OR COUNTRY)					
D-WAVE SYS	TEMS, INC.	VANCOUVER, CANADA					
Please check the appropria	ate assignee category or catego	ries (will not be pri	inted on the patent):	🗖 Individual 🜠 (Corporation or other private gr	oup entity Government	
4a. The following fee(s) a	re enclosed:	4b	. Payment of Fee(s):				
Issue Fee A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - #	of Copies 3 (Three)		The Director is Deposit Account N	hereby authorized by umber 50-301	charge the required fee(s), or (enclose an extra	copy of this form).	
	us (from status indicated above SMALL ENTITY status. See		☐ b. Applicant is a	no longer claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).	
NOTE: The Issue Fee and	O is requested to apply the Issi Publication Fee (if required) ecords of the United States Pat	will not be accepted	d from anyone other	o re-apply any previous than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. the assignee or other party in	
Authorized Signature _	Bret c	Jorga	7	Date	February 24, 200	05	
Typed or printed name			<u> </u>		n No. <u>42,813</u>		
This collection of informa	tion is required by 37 CFR 1.3	11. The informatio	on is required to obta	in or retain a benefit by	the public which is to file (ar	nd by the USPTO to process)	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.